_	YEAR								,	CALIECDA	IIA FORM		
□□□□ Nonresident Withholding Annual Return									CALIFORNIA FORM 592				
		reign (non-U.S.) partners, eign partners and other pa					☐ Calif	ornia cor	poration n	o. 🗆 FE	IN		
_		endent contractors; rents; roy			S. Withholding agent's social sec				y no.				
Check one box: ☐ Form 592-B attached for each recipient. ☐ Form					592-B information on attached list.			+	. .	+			
		☐ Form 592-B informat					Daytime	telephor	e number				
		ling Agent (Payer)					()						
Naı	me of withholding	agent (payer)			Contact person								
Add	dress (number and	d street)								PMB no	0.		
0:4								04-4-	710.0-	-1-			
City	/							State	ZIP Co	ae			
_	II Tune of I	naama Cubiaat ta Withb	aldina (Obsalca	alizana Haa aanawata	faunce if we are then								
		ncome Subject to Withh											
Ш		endent Contractor Res to Domestic Nonresident	•				ere) \square	Other					
_				•					4				
 Enter number of Forms 592-B for the type of income checked above Total amount of California source income subject to withholding 									I				
3		ng due	•	-									
4		for the above calendar y							·				
•	Thoi paymonte	Tor the above earthau y	, our										
	(a) Date	(b) Amount	(c) Date	(d) Amount	(e) Date	(f)	Amount	1					
						Total prior pa	ayments		4				
_													
_	rt III Remitta		0										
5		Subtract line 4 from line			·								
Attach a check or money order for the full amount payable to "Franchise Tax Board." Write the payer's social security number, California corporation number, or FEIN and "Form 592" on the check or money order													
		to the FRANCHISE TAX I		942867 SACRAMFI			•	•					
Da		held by Another Entity of					tate or	Truct Sh	own in Pa	art Lof Th	ie Form		
6		additional Forms 592-B att						11431 011	OWII III I		13 1 01111		
•			-	-		-							
	members, or beneficiaries, whether residents or nonresidents of California, according to their interests in the above partnership, LLC, estate, or trust												
7	Enter amount withheld by another entity and being allocated to the partners, members, or beneficiaries. This credit must be												
	documented by a Form 592-B, 594, or 597 from the withholding entity. (If this is an estate or trust, do not include any credit being												
	used on Form 541 against tax owed on income retained by the estate or trust.)												
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	rt V Perjury												
		erjury, I declare that I have nplete. Declaration of prep		, ,	, ,	,			,	edge and b	elief, it is		
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		 		>	•								
Naı	me and title of with	holding agent (payer)			Signature of withhold	ding agent (pa	yer)			Date			
				•									
Naı	me and title of pre	parer other than withholding	g agent (payer)		Signature of prepare	r other than w	rithholding	g agent (p	ayer)	Date			
Add	dress of preparer				Email address of pre	parer							
()													
Daytime telephone number of preparer					SSN/FEIN/PTIN of preparer								
,	,				A								

Section B:															
		members for taxable year			year				day		year _				
Check one box: ☐ Form 592-B attached for each recipient. ☐ Form 592-B information on attached list. ☐ Form 592-B information on magnetic media.															
		ling Agent (Partnership of agent (partnership or LLC)		lity Company (LLC) Contact person				\\/i+h.h.	lding o	gent's FE	INI				
INAI	ne or withholding	agent (partnership of LLC)		Contact person				vvitrino	nding a	gents FE	IIN				
Add	lress (number and	d street)								PM	B no.				
City	i			State ZIP Code	State ZIP Code					Daytime telephone number					
								[)						
		held – Foreign Nonresid									, [7			
		- '	,	.S.) nonresidents?)			
		source taxable income al		11110615					۷ _						
		te foreign nonresident pa		ers \$	x		%		3a_						
		oreign nonresident partne		x%											
_	-	ks and financial institutio			X										
		otal foreign partners' or members' withholding due. Add line 3a through line 3c rior payments of foreign partners' or members' withholding for the taxable year shown above													
3		- '			1		(f) A		1						
	(a) Date	(b) Amount	(c) Date	(d) Amount	(e) Date		(f) Amoun	ı							
									J						
		Total prior payments													
		d from prior year's withh	-						6 _						
	1 7	. Add line 5 and line 6 . ubtract line 7 from line 4 ar							1_						
U		Attach a check or money or													
	Write the partnership's or LLC's FEIN and "Form 592" on the check or money order														
	Mail Form 592 to the FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.														
9											_	<u>_</u>			
10	Enter the amou	nt of line 9 you want cred	ited to nevt year	'e Form 502		. 10									
10	Litter the amou	nt of fine 3 you want creu	3101111 092						-		1				
11	1 Refund. Subtract line 10 from line 9 and enter the result here							<u> </u>							
Part III Tax Withheld by Another Entity on Income From Above Partnership or LLC															
12 Enter number of additional Forms 592-B attached, flowing through the credit. The credit must be allocated to all partners															
or members, whether residents or nonresidents of California according to their interests in the above partnership or LLC 12															
10	by a Form 592-B from the withholding entity. If any of the withholding credit is retained to offset tax at the partnership or														
	LLC level, show only the net flow-through amount														
Pa	rt IV Perjury	Statement													
		erjury, I declare that I have on the properties of prepared to the properties of prepared to the properties of the prope									and be	lief, it i	is		
	,,	.,,		g -g,											
Nan	ne and title of with	holding agent, partner of pa	per of LLC	Signature of withholding agent (payer)				Date							
		noising agoin, parailor or pa	. a. o. o	33. 3. 223	Oignatare or main	olullig agoli	· (payo.)			2410					
Nan	ne and title of prer	parer other than withholding	agent partner or	memher	Signature of prepa	arer other th	an withholding	agent (n	aver)	Date					
INGI	ne and title of prep	carer other than withholding	agent, partner, or	member	oignature of prepa	arer other th	an withinoloning	agent (p	ayer)	Date					
Add	lress of preparer (if different from the address		Email address of p	oreparer										
()			• •											
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